FMLA SAMPLE LETTER CONTENTS

 Returning Certification for Additional/Clarifying Information

7/2013

Date

Name

Address

Dear…..

This is to acknowledge receipt of the Certification of Health Care Provider Form you were recently asked to complete. The Certification has been reviewed and it is found to be lacking information or in need of clarification.

Specifically, information and/or clarifying information is required for the following questions:

(LIST THE SPECIFIC NUMBERED QUESTIONS THAT NEED INFORMATION OR CLARIFYING INFORMATION. BE SPECIFIC AS TO WHAT IS NEEDED.)

Please have your medical provider provide the requested information. This additional information should be returned to this office by (DATE – 7 days). If this information is not received, your FMLA coverage may be delayed or denied.

If you should have any questions, you may contact me at (phone number).

Sincerely,

cc: File